	<u> </u>	4		CONTRACTOR CO	E DETERMIN	VATION RECO	RD	unless it dis	plays a valid (	OMB control imbe
	ł				01111 10-075				- OOCK	el Number
	CLAIMS AS FILED - PART I								10/8/	1,254
	FOR		(Column 1)		(Column 2	SM	SMALL ENTITY		. 1. or	HER THAI
	BASIC FEE		NUMBER FILED		NUMBER EXT	u l			2W/	ALL ENTIT
- 1	TOTAL CLAIMS	1)	· .			RAT	FEE		RATE	
- 1	(37 CFR 1.16(c)	. [					S	1		- FE
	INDEPENDENT (37 CFR 1.16(b)	01.1111		nus 20 =	·	x s 2 =	}=	OR	× 50	5
				105 ] =		x <u>s 10</u> 0	)_	OR	208	
- 1	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ 5.186	2	→ OR		
	"II the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		. OR	+360	
		CLAIMS AS	AMEND	ED - PAF	RT (I		L	OR	TOTAL	
L		(Column							-	
1.	<b>₹</b> 6	CLAIM:	S		umn 2) (Colum	SMAL	LENTITY	OR	OTHE	R THAN
	1 1101	REMAINI	NG	HIGH	HEST BER PRESE	1 1:			SMALE	ENTITY
1		AFTER AMENOME	NT	PREVI	OUSLY EXTR		ADDI-	1 1	RATE	T
3	Total (31 CFR 1.16(c)) Independent (37 OFR 1.36(d))		Mine	IS " 2C		1 00	TIONAL FEE	]	INIE	. ADO: TIONAL
	Independent (31 OFR 1.166)		Minu	s 3	= /	x s 25 =		OR	x s 50 =	FEI
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					× s_100=			x s 20Q	
			THE OEPE	NUENT CLAIM	(37 CFR 1.16(d))	+ <u>s_180_</u>		OR	210	
						TOTAL . ADO'L FEE		- L-	TOTAL	
	T	(Column 1)		(Colue	nn 2) (Column :		L	OR A	OO'L FEE	
H B		. CLAIMS REMAINING	;	HIGHE	ST					
Ä	L	AFTER AMENDMEN	1	NUMB PREVIO	JSLY EXTRA	RATE	A001-			<del></del>
$\Xi$	Or office (1.16(d)	, michablasta	. Minus	PAID F	OR		TIONAL FEE	- 1	RATE	ADDÍ
ENDMENT	Independent				= .	× s 25 =	1.66			FEE
AME	(37 CFR 1.16(6))		' Minus	"	=	× s 100=	;		<u>550</u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5180=			s 200_	
			_		TOTAL			360		
	·	(Column 1)				ADO'L FEE		OR AD	TAL D'L FEE	
O		CLAIMS '	1	(Column		-			٠. لــ	
51		REMAINING AFTER	1	HIGHES	R PRESENT	CATE		<u> </u>		
画	Total	AMENOMENT	<u> </u>	PREVIOUS PAID FO	EXTRA	RATE	ADDI- TIONAL	(	RATE	ADDI:
Ş١	(37 CFR 1.16(c))		Minus		= -	× s 25 =	FEE			TIONAL FEE
AMENDMENT	(37 CFR 1.16(6))	•	Minus	414 .	=	x s 100			20_	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR X S	200	
						+ s 180=		OR + +	360_	
•	If the entry in col	lumn 1 is less tha	In the entry	in column 2	write "0" in column	ADD'S CCC		TOTA	AL L FEE	
	If the Highest No	umber Previously Imber Previously	y Pald For . ' Paid For !	IN THIS SPA	write "0" in column CE is less than 20. CE is less than 3.	J. enter "20".	``	400	. , , , ,	<del>-</del> -

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS